STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155697	A. BUILDING 00 B. WING	07/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK REHABILITATION AND SKILLED NURSING CENTER	517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN47129

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F0000		F0000		

This visit was for a Post Survey Revisit to the Recertification and State Licensure Survey completed on April 29, 2011.

This visit was in conjunction with a PSR to the Investigation of Complaint IN00090093 and IN00090287 completed on May 13, 2011.

This visit was in conjunction with a PSR to the Investigation of Complaint IN00090903 completed on June 7, 2011.

This visit was in conjunction with the Investigation of Complaint IN00092920 completed on July 7, 2011.

Survey dates: July 5, 6, 7, 2011

Facility number: 000059
Provider number: 155697
AIM number: 100266560

Survey team:
Donna Groan RN, TC
Avona Connell, RN [July 6, 7, 2011]
Dorothy Navetta RN
Gloria Reisert, MSW

Census bed type:
SNF: 9

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	SNF/NF: 59 Total: 68 Census payor type: Medicare: 12 Medicaid: 49 Other: 7 Total: 68 Sample: 9 This deficiency also reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed 7/12/11 Cathy Emswiller RN			
F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. A. Based on record review and interview the facility failed to ensure the resident plan of care was followed to change the dressing site of the PICC (Peripherally Inserted Inserted Central Catheter) line were completed for 1 of 2 residents reviewed with a PICC line in a sample of	F0282	**F282 It is the intent of this facility to ensure that the plan of care is followed to change site of a PICC line per physician orders, blood pressures per physician order and physician orders are followed for skin treatment.The following is our plan of**	07/19/2011

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	9. (Resident C) B. Based on record review and interview, the facility failed to follow a physician's order for blood pressure monitoring for 1 of 1 resident reviewed in a sample of 9 for blood pressure monitoring. (Resident C) C. Based on observation, record review and interview the facility failed to ensure physician orders were followed for skin treatment for 1 of 3 residents reviewed with skin issues in a sample of 6. (Resident G). Findings include: A. On July 6, 2011 at 11:10 a.m., in interview with Resident C, she indicated her dressing was to be changed Friday, July 2. She indicated she asked the nurse, who indicated she'd be back, but did not return. Last night, July 5 th, she indicated RN #1 changed the dressing. The clinical record for Resident C was reviewed on 7/5/11 at 9:55 a.m. The resident's diagnoses included, but were not limited to MRSA (Methicillin Resistant Staphylococcus Aureus), Acute Embolism (blood clot) and diabetes mellitus. The resident returned from the		**correction for the citations and the facility is requesting a desk review. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · Resident C: PICC line dressing was changed the following day, Nurse that missed treatment was educated and counseled. MD notified new order received treatment no longer necessary and PICC line discontinued. · Resident C: MD notified and new order received to discontinue daily blood pressures as no longer necessary. · Resident G: Skin was cleansed and appropriate treatment was applied as MD ordered. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** · 100% audit of all resident's with PICC line, Bp monitoring orders and skin treatments completed with no other resident's identified. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** · Nurses were educated by DNS/designee on 7/8/11 through 7/19/11 regarding following MD orders to include but not limited to PICC line dressing changes, Blood pressure monitoring and	

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	hospital on 6/24/11 with a PICC Line. The Medication Record dated 6/24/11 through 6/30/11 which included, but was not limited to PICC/MIDLINE "Change dressing 24 hours after insertion then every 7 days using Transparent Dressing... All orders have been verbally verified with prescriber and initialed by the nurse. "Documentation was lacking of a change on 6/25/11 and July 2. On 7/6/11 at 11:40 a.m., RN #2 provided the policy and procedure for Peripherally inserted central catheter (PICC LINE) post-insertion catheter maintenance Policies: 1. Dressings are to be changed every week* using sterile technique (see procedure for Central Line Dressing Change)..." B. The clinical record for Resident C was reviewed on 7/5/11 at 9:55 a.m. The resident's diagnoses included, but were not limited to MRSA (Methicillin Resistant Staphlococcus Aureus) an infection in the blood, Acute Embolism (blood clot) and diabetes mellitus. The May 2011 signed Physician Orders included, but were not limited to Check BP (blood pressure) Q (every) day. Notify MD if BP above 160/90. Review of the June 2011 Medication Record included, but was not limited to		skin treatments. · MARs/TARS will be auditing weekly x 4 then monthly x 3 by DNS/designee for PICC line dressing changes, Blood pressure monitoring and skin treatments to ensure MD orders are followed. · DNS/designee will observe a minimum of 2 nurses weekly until all nurses have completed a validation of treatment completed per MD order. All new nurses will be validated during his/her orientation on the expectations of following MD orders. · Audits will be reviewed by DNS/designee to ensure for compliance; failure to comply and a progressive disciplinary action with nurses as applicable. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place?** · DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. · DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. · All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure	

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	"Check blood pressure once daily notify MD if blood pressure < (sic) (less than) 160/90 for 3 -11 shift. The blood pressures were not taken and recordedc on June 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 18, 19, and 20. In interview with the Medical Records Director on 7/5/11 at 12:10 p.m., she found blood pressure measurements for 6/2/11 124/80 8 p.m., 6/9/11 122/82 9 p.m., 6/11/11 120/71 3 a.m., 6/14/11 102/75 5:30 p.m. Blood pressures which were taken were not greater than 160/90 as per the MD order. C. On 07/06/11 between 4:05 p.m. 4:34 p.m. care was observed for resident G. Certified Nursing Assistants #1, and #2 entered the resident's room to provide peri care. The resident's peri area, buttocks, groin and inner thighs was observed be coated with a white pasty substance. CNA #1, wet wash cloths with warm water and sprayed a no rinse cleanser on the cloth to cleanse the resident. Each time the CNA wiped the resident the resident cried out "that hurts." There was nothing in place to prevent skin on skin as the resident's abdomen was large and had to be lifted up to cleanse the groin area. Licensed Practical Nurse (LPN) #/1,		completion. · Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified by the CQI process. **By what date the systemic changes will be completed?** · July 19, 2011	

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	entered the room at 4:16; p.m., with a tube of Desitin (a white ointment used to heal/protect skin) in a plastic bag. He placed the Desitin on the over the bed table. CNA #1,was cleansing the resident's groin area at this time. When queried if the resident needed something to prevent skin on skin LPN #1 replied "I think she needs to get out of bed and get a shower every day." The LPN then picked up the tube of Desitin and left the room. At 4:25 the LPN returned with a tube of Xenaderm and placed it on the over the bed table. The resident continued to complain of burning pain while the CNA was cleansing the skin. The LPN told the resident "just doing our job; work with us on this you can do it." The LPN applied Xenderm to the resident's excoriated areas. When CNA #1 finished cleansing the white substance from the resident,, the LPN was quiered, at this time, if the treatment was for Xenaderm or Desitin The reply was Xenaderm as the Desitin was for areas under the resident's breast. LPN #1 indicated the white substance appeared to be Desitin. Review of the resident's clinical record on 07/07/11 at 8:20 a.m. indicated the resident had diagnoses including but not			

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	limited to: morbid obesity, hypertension, diabetes, congestive heart failure. A telephone order dated 07/01/11 at 2:00 p.m., indicated the following: 1. D/C (discontinue) Silvadene to buttocks q (every) shift. 2. Cleanse buttocks with NS (normal saline), pat dry and apply Xenaderm to buttocks q shift r/t (related to reddness. LPN #1 failed to cleanse the skin with normal saline prior to applying the Xenaderm after CNA #1 cleansed the white pastey substance from the resident. This deficiency was cited on 6/7/11, 5/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2)			
F9999		F9999	No deficiency cited.	07/19/2011